

AMENDMENT TRANSMITTAL LETTER				Docket No. 1248-0772PUS1																																					
Application No. 10/526,009-Conf. #4652		Filing Date February 25, 2005		Examiner A. Kalam																																					
Applicant(s): Akiyoshi FUJII et al.																																									
TFT ARRAY SUBSTRATE, LIQUID CRYSTAL DISPLAY DEVICE, MANUFACTURING Invention: METHODS OF TFT ARRAY SUBSTRATE AND LIQUID CRYSTAL DISPLAY DEVICE, AND ELECTRONIC DEVICE																																									
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total Claims</td> <td style="text-align: center;">19</td> <td style="text-align: center;">- 35 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: left;">Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">- 6 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="6" style="text-align: center; border-top: 1px solid black;"> Multiple Dependent Claims (check if applicable) <input type="checkbox"/> </td> </tr> <tr> <td colspan="6" style="text-align: center; border-top: 1px solid black;"> Other fee (please specify): </td> </tr> <tr> <td colspan="5" style="text-align: right; border-top: 1px solid black;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center; border-top: 1px solid black;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	19	- 35 =	0	x 52.00	0.00	Independent Claims	5	- 6 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																					
Total Claims	19	- 35 =	0	x 52.00	0.00																																				
Independent Claims	5	- 6 =	0	x 220.00	0.00																																				
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																									
Other fee (please specify):																																									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
<i>Robert Doans # 48222</i> Michael R. Cammarata <i>Robert Doans</i> Attorney Reg. No.: 39,491				Dated: <u>December 23, 2009</u>																																					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																									